Name in Full

Certificate of Death

Andrew Benner

Died at Town N. Ern County Cecil Co MARYLAND

Date 1894 Month Dec Day 26 Age Y. 59 M. D. Native of Phila Occupation Hardware Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Hannah Benner

Father's Name Andrew Benner Mother's Name

Cause of Death Primary Consumption How long sick 2 or 3 years

Immediate ~~Accident, Suicide, Homicide~~

Reported by B Hauseleyer

Address N. Ern

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

William Thomas Brickley

Died at Town: Farmington County: Cecil. MARYLAND

Date 1899 Month: Dec. Day: 27. Age Y. 70 M. 7 D. 16 Native of: Maryland. Occupation: Farmer.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living —

Husband ~~Wife~~ of Mary L. McCall.

Father's Name: Andrew Brickley. Mother's Name: May Thompson.

Cause of Death: Primary: Consumption. 22a How long sick: 3 years.

Immediate: Heart failure, ~~Accident, Suicide, Homicide~~

Reported by J B Slicer M.D.

Address Farmington Cecil Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Carrie E. Davis

Died at Town Baldwin County Cecil MARYLAND

Date 1899 Month Dec Day 25 Age Y. 57 M. D. Native of Cecil Co Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of Nelson Davis

Father's Name John Russell Mother's Name 97

Cause of Death: Primary Brights Disease complicated — How long sick

Immediate Hydropericardium — Accident, Suicide, Homicide

Reported by Dr. Walt H. Steele

Address copied from Delaware Blank. Newark DEL

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wm Phebe, W Duff Wife of W J A. Duff

Town: Port Deposit County: Cecil

Died at Port Deposit Cecil MARYLAND

Date 189 9 Month: Dec Day: 9th

Age Y. 62 M. D.

Native of Maryland

Occupation

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living 6

~~Husband~~ / Wife of J A. Duff

Father's Name William F. Flahart.

Mother's Name Sarah J. Flahart.

Cause of Death — Primary: Disease of the heart — How long sick 2 yrs.

Immediate: Pneumonia 5-7

Accident, Suicide, Homicide

Reported by R. E Bennett M.D.

Address Port deposit Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, INDEX

Name in Full

Certificate of Death

John Andrew Dunn

Died at Town Oakwood County Cecil MARYLAND

Date 1899 Month Dec. Day 22 Age Y. 51. M. 7. D. 15 Native of Americ Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 8

Husband of Wife Margaret Ellen Dunn.

Father's Name William Dunn Mother's Name Elizabeth Dunn

Cause of Death Primary Chronic Nephritis How long sick 1 or 5 months

Immediate Inanition 97 Accident, Suicide, Homicide

Reported by D M Ragan M.D.

Address Conowingo Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

Name in Full

Certificate of Death

Miss Columbia Ford Age ~~[illegible]~~

Died at Town N. Ens County Cecil MARYLAND

Date 189 9 Month Dec Day 30 Age Y. 54 M. D. Native of Cecil Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Cancer 25 g How long sick any year

Immediate ~~Accident, Suicide, Homicide~~

Reported by B Housekeeper

Address N. Ens

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Henry Gordon

Town

Died at Elkton

County

Cecil

MARYLAND

Month Day

Date 1899 Dec. 31

Y. M. D.

Age about 87 yrs

Native of ✓

Occupation ✓

Male ~~Female~~

~~Wife~~

~~Married~~

Colored

Single

~~Widow~~

Widower

~~Divorced~~

~~Number of children living~~

Husband of Wife ✓

Father's Name ✓

Mother's Name ✓

Cause of Death: Primary ✓ 147

How long sick ✓

Immediate Exposure

Accident, ~~Suicide, Homicide~~

Reported by Wm H. Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Jas. Linn

Died at Town Charlestown County Cecil MARYLAND

Date 1899 Month 12 Day 7 | Age Y. 23 M. 7 D. 17 | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 145 c

Cause of Death { Primary Injuries received in Immediate a coal mine

How long sick

Accident, Suicide, Homicide

Reported by Star 12-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Joseph Wallace Lloyd

Died at Concord (Town) Cecil (County) MARYLAND

Date 189 9 Month Dec Day 3d | Age Y. 13 M. 2 D. 24 | Native of Md | Occupation

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Henry Lloyd

Mother's Name Harriett or Hattie Lloyd

Cause of Death: Primary Tuberculosis - 226 — How long sick for 8 years

Immediate — Accident, Suicide, Homicide

Reported by Dr J. L. Wallace - Had no Medical attention for a year or more

Address Chesapeake City Md Ner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

This boy some eight years since, was taken with swelling of the knee joints. After a time I sent him to the Children's Hospital in Phil a delphia - He remained there for 6 months and was returned - For years (6 9) he has been confined to his bed - Has had no cough, but his joints, (both knees and elbows) suppurated and have been discharging ever since - The fore arm flexed up on the arm - and legs dreadfully distorted - with horrible odor from the discharge - although 18 years of age his arms and legs were scarcely larger than the bones themselves - J. F. W.

I had not seen him for a year previous to his death.

Name in Full Jennie Lomax

Certificate of Death

Died at Town Iron Hill County Cecil

MARYLAND

Date 1899 Month Dec Day 7 | Age Y. 19 M. D. | Native of Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jefferson Lomax

Mother's Name 93

Cause of Death: Primary

Immediate Peritonitis

How long sick 5 days

Accident, Suicide, Homicide

Reported by Walter H Stey M.D.

Address Newark Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full James Longer

Certificate of Death

Died near Town Earlville County Cecil MARYLAND

Date 1899 Month 12 Day 15 Age Y. 68 M. — D. — Native of Cecil Co Occupation Laborer farm

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 8.

Husband ~~Wife~~ of Kate Wilson

Father's Name Peach Longer Mother's Name Hennie Finch

Cause of Death Primary Arteriosclerosis Hydrops peri cardii How long sick 2 yrs

Immediate Asphyxia 59 ~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle

Address Cecilton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full — Certificate of Death

Sarah F McCauley

Died at Town: Andora — County: Cecil — MARYLAND

Date 189 9 — Month: 12 — Day: 18 — Age: Y. 68 M. — D. —

Native of Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: 9

Husband / Wife of: James McCauley 220

Father's Name: Riddle — Mother's Name

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 1 year

Immediate — Accident, Suicide, Homicide

Reported by: J S Whitaker

Address: Cherry Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66D68

Name in Full — Certificate of Death

Mrs. Catherine McCullough

Died at Elkton (Town) — County: Cecil — MARYLAND

Date 189 — Month: 12 — Day: 2 — Age: Y. M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Klug 12.3.)

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Cora Cecilia McVey

Died at Town: Rock Springs County: Cecil MARYLAND

Date 1897 Month: Dec. Day: 31 | Age Y. 20 M. 11 D. 21 | Native of Cecil Co. | Occupation Servant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 2 2 a

Husband Wife of X

Father's Name Chas. G. McVey

Mother's Name Mary Jane McVey

Cause of Death — Primary: Pulmonary Tuberculosis | How long sick 6 Mos.

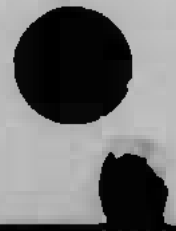
Immediate: Pulmonary Tuberculosis | ~~Accident, Suicide, Homicide~~

Reported by Geo. W. Gillespie M. D.

Address Pleasant Grove Lan. Co. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

James T Miller

Dled at Town Woodlawn County Cecil MARYLAND

Date 1899 Month 12 Day 16 | Age Y. 65 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 5

Husband of Wife Sarah Miller

Father's Name Jas Miller

Mother's Name Mary McGuigan

Cause of Death: Primary 42

Immediate Apoplexy

How long sick 12 hours

~~Accident, Suicide, Homicide~~

Reported by J T Brown

Address Woodlawn Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Geo. M. Sheldon

Certificate of Death

near ~~Died at~~ Town Glasgow County Cecil MARYLAND

Date 189 9 Month 12 Day 22 | Age Y. 71 M. D. | Native of | Occupation

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Whig 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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